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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	See Attachment A
	Filing Date	See Attachment A
	First Named Inventor	See Attachment A
	Art Unit	See Attachment A
	Examiner Name	See Attachment A
	Attorney Docket Number	See Attachment A

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: **75436** Please change the correspondence address for the above-identified application to: The address associated with Customer Number: **75436****OR** Firm or Individual Name: **Sean D. Detweiler, Esq.
Morse, Barnes-Brown & Pendleton, P.C.**

Address	1601 Trapelo Road Suite 205				
City	Waltham				
Country	USA	State	Massachusetts	Zip	02451
Telephone	(781) 622-5930	Email	sdetweiler@mbbp.com		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Steve A. Herweck, Chief Executive Officer		
Date	6/16/10	Telephone	(603) 880-1433

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of **1** forms are submitted.